08232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(95-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH:

County: Talbot Co.

City or town: St. Michael's
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Coastguard patrol boat Calypso.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County:

City or town: Baltimore Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 3710 Pennington Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alfred J. Baker

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanche Baker

6 (c) If alive, give age: 38 years

7. Birth date of deceased (mo., day, yr.): Dec 2 - 1903

8. AGE: Years 35 Months 8 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace: Baltimore Md
(Town, county, and state)

10. Usual occupation: Lt Coast Guard

11. Industry or business

FATHER
12. Name: Alfred J. Baker
13. Birthplace: Baltimore Md

MOTHER
14. Maiden name: Rachel R. Slouck
15. Birthplace: Baltimore Md

16. Informant: Blanche Baker

Address: 3710 Pennington Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 8 - 1939 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cem

Location: A-A County Md

18. Funeral director: Robt C & B. M. Walters

Address: Pratt & Strecker St

19. ✓ 19 (Date rec'd by registrar) not Wales Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 5th, 1939 at 6.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I ~~attended deceased from~~ saw him dead at 6.35 P. M. to Aug 5, 1939.

and that I last saw h ___ alive on ___ 19 ___

Immediate cause of death: Acute heart attack due to gastro-intestinal ~~Due to~~ indigestion which began same day

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE: S Denny Willson M. D. or other

Address: St. Michaels Md Date signed: Aug. 5 '39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

08233

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 21 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Kent
City or town Chestertown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 113 High Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Thomas Bennett.

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced Married.
6 (b) Name of husband ~~or wife~~ Harriett Bennett
6 (c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.) Dec 16, 1876.
8. AGE: Years 62 Months 7 Days 28. If less than one day ___ hrs. ___ min.
9. Birthplace Kent County.
(Town, county, and state)
10. Usual occupation Plumber.
11. Industry or business
FATHER 12. Name John Henry Bennett.
13. Birthplace Md.
MOTHER 14. Maiden name Mary Frances Lecompt.
15. Birthplace Kent Co.
16. Informant Harriett Bennett.
Address Chestertown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 16, 39 (month) (day) (year)
Cemetery or crematory Chester Cem.
Location Chestertown Maryland.
18. Funeral director Marvin V. Williams
Address Chestertown Maryland.
19. 8/14 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 14, 1939, at 12 10 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24, 1939, to Aug. 14, 1939, and that I last saw him alive on Aug. 13, 1939.
Immediate cause of death Tuberculosis, Pulmonary
DURATION 8 wks.?
Due to Tubercle bacillus.
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy Tuberculous cavitation

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. D. Noble M. D. or other
Address Easton, Md Date signed 8/15/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08234

1. PLACE OF DEATH (93-a)

County TALBOT. Registration Dist. No. 290

Village or City EASTON. MD. No. ..... St., ... Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME ~~THERESA~~ Corecia BENSON if U. S. Veteran, specify WAR .....

(a) Residence: No. ..... St., ... Ward. .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	C	MARRIED.

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of WILLSON BENSON

6. DATE OF BIRTH (month, day, and year) MARCH. 4, 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. LABOR.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) ST. MARY. Co. MD.

FATHER

13. NAME JOHN MARYLAND.

14. BIRTHPLACE (city or town) (State or country) St MARY. Co. MD.

MOTHER

15. MAIDEN NAME UNKNOWN.

16. BIRTHPLACE (city or town) (State or country) UNKNOWN.

17. INFORMANT RUTH RACKS. (Address) EASTON. MD.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ Place EASTON MD. Date AUG. 8, 1939

19. UNDERTAKER Earl W Stafford (Address) Easton Md.

20. FILED 8/7, 1939 N. H. Neeria Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 15, 1939, to Aug. 5, 1939

I last saw him alive on Aug 5, 1939; death is said to have occurred on the date stated above, at 1:00 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	7/20/39

Other Contributory Causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Haywood L. Webb M. D.

(Address) Easton, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 6 1929
BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

Colon

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

08235

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (48)

County Talbot Registration Dist. No. 293,

Village or City Cordova (near) (Newtown) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 54 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Mary Bowser If U. S. Veteran, specify WAR

(a) Residence: No. Cordova (near) St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	col	single

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and yeer) October 8 1914

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
24	10	19	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Data deceasad last worked at this occupation (month and yaar) ✓

11. Total lima (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) Cordova Md
(State or country) Talbot Co

FATHER

13. NAME Richard Bowser

14. BIRTHPLACE (city or town) Cordova Md
(State or country) Talbot Co.

MOTHER

15. MAIDEN NAME Mary Virginia Wilson

16. BIRTHPLACE (city or town) Cordova Md
(Steta or country) Talbot Co

17. INFORMANT Richard Bowser
(Address) Cordova Md

18. BURIAL, CREMATION, OR REMOVAL
Place Newtown Data 8/29, 1939

19. UNDERTAKER R. B. Rawlings
(Address) Greensboro, Md.

20. FILED 8/27, 1939 J. D. Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 27 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1938, to Aug 27, 1939

I last saw h.. alive on Aug 25, 1939; daath is said to have occurrad on the date statad above, at 2:00 A.m.

The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were as follows:

	Date of onset
Fibroid Tumor Uterus	4-5 yrs
Cancer uterus	

Othar Contributory Causes of Importance:

Nama of operation explanatory laparotomy Date of 1935?

Whal test confirmad diagnosis? none Was thare an autopsy? no

23. If death was dua to external causes (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Data of Injury, 19

Where did Injury occur?
(Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Natura of injury

24. Was diseasa or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Hutton M. D.

(Address) Ridgely Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V.S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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SEP 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

08236

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Talbot County Registration Dist. No. 290

Village or City Easton, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Brice If U. S. Veteran, specify WAR

(a) Residence: No. Easton Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 15, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
32	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Janitor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Nov. 1937

11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (city or town) (State or country) Talbot County Md.

FATHER

13. NAME Samuel Brice

14. BIRTHPLACE (city or town) (State or country) Talbot Co., Md.

MOTHER

15. MAIDEN NAME Lottie Valley

16. BIRTHPLACE (city or town) (State or country) Talbot Co. Md.

17. INFORMANT Samuel Brice
(Address) Easton, Md - Route 4

18. BURIAL, CREMATION, OR REMOVAL
Place Longwoods, Md Date Aug. 3, 1939

19. UNDERTAKER Maurice E. Jenkins & Son
(Address) Easton Md.

20. FILED 8/3, 1939 M. H. Meeres
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Aug. 1, 1939

I last saw h... alive on July 1, 1939; death is said to have occurred on the date stated above, at ... p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	7/1/39
Other Contributary Causes of importance:	

Name of operation ... Data of ...

Whet test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) H. J. Wright M. D.

(Address) Easton, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 15 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(159)

CERTIFICATE OF DEATH

08237

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton, RD 2 Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Outside
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Loretta Brummell

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 29 1939

8. AGE:

Years	Months	Days	If less than one day
	1	2	hrs. min.

9. Birthplace Diamond Corner, Easton RD Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Chas. H. Miller
13. Birthplace St. Michaels, Md

MOTHER
14. Maiden name Helen Moore Brummell
15. Birthplace Easton RD. Md.

16. Informant Helen Moore Brummell
Address Easton RD Md.

17. Burial Date thereof Sept. 1 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory St Paul cemetery
Location Diamond Corner, Easton RD Md

18. Funeral director Joliet D Williams
Address Easton Md.

19. 8-31 1939 M. H. Norris
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 1939, at 11 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19

Immediate cause of death	DURATION
Prematurity - 3 1/4# at Birth	
Due to	
Due to	
Other conditions neglect of parents	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Information - Health Dept Records
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Louis J. Watty MD
M. D. or other
Address Easton Dep. Med. Exr. Date signed 8-31-39

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BUREAU V. S.

08238

STATE OF MARYLAND—CERTIFICATE OF DEATH

(210-m)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 290

Village or City Easton No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Peggie Marie Buckle If U. S. Veteran, specify WAR ____

(a) Residence: No. Grasonville, Md. Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: School Girls

6. DATE OF BIRTH (month, day, and year): May 7-1932

7. AGE: Years 7 | Months 3 | Days 19 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grasonville (State or country) T. A. Co. Md

FATHER

13. NAME Kennard Buckle

14. BIRTHPLACE (city or town) Grasonville (State or country) T. A. Co. Md.

MOTHER

15. MAIDEN NAME Marjorie Marie Gardener

16. BIRTHPLACE (city or town) Kent Island (State or country) T. A. Co. Md

17. INFORMANT Mr Kennard Buckle (Address) Grasonville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Centreville Date Aug 29, 1939

19. UNDERTAKER Barton Bros (Address) Centreville, Md.

20. FILED 8/26, 1939 N. H. Neeres Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h____ alive on ____, 19__; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Automobile accident. C.W.G.R.	
On main road, in Grasonville, Queen Anne County, Maryland.	

Other Contributory Causes of importance:

Driver of car held for Grand Jury.

Name of operation ____ Date of ____

What last confirmed diagnosis? ____ Was there an autopsy? ____

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident. Date of Injury ____, 19__

Where did injury occur? Grasonville, Queen Anne County, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. in public place — main road.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Samuel Price, M. D.

(Address) Queenstown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Deputy Medical Examiner

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible], WITH UNFADING INK—THIS IS A PERMANENT REC[illegible]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 6, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08239

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 18 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Queen Anne
City or town Queen Anne Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. R.F.D #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nancy Clayton

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6 (b) Name of husband or wife Wilbur Clayton

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 52 | Months | Days | If less than one day hrs. min.

9. Birthplace Md.
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Charles Berry
13. Birthplace Wye Mills Md

MOTHER 14. Maiden name Mary Wilson
15. Birthplace Wye Mills Md

16. Informant J. Virgil Moore
Address Denton Md

17. Buried Date thereof Aug: 13/39
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Centerville Md.
Location

18. Funeral director J. Virgil Moore Sons
Address Denton Md.

19. 8/12 1939 N. H. Meeres
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11 1939, at 1:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1939, to Aug. 11 1939, and that I last saw her alive on August 11 1939

Immediate cause of death	Cardio renal disease	DURATION 1 yr ?
Due to		
Due to		
Other conditions		

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E. E. Cox M. D.
M. D. or other
Address Easton Md Date signed 8-14-39

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08240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (120)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12

Stay in this community (yrs., or mos., or days) 5 mos

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Talbot

City or town Royal Oak Md. Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Herman B. Croft

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
m	w	Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 24 1930

8. AGE: Years 8 Months 11 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Connecticut (Town, county, and state)

10. Usual occupation School Boy

11. Industry or business

FATHER 12. Name Herman Croft

13. Birthplace N.Y.

MOTHER 14. Maiden name Louie Ma Pfannenbecker

15. Birthplace Conn

16. Informant Louiena Croft

Address Royal Oak Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 12 1939 (month) (day) (year)

Cemetery or crematory Springhill

Location Easton Md.

18. Funeral director James A. Spencer Br. Rec.

Address Easton Md.

19. 8/12 1939 (Date rec'd by registrar) N. H. Neerin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939, at 6 10/p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 29 1939, to Aug. 9 1939, and that I last saw him alive on Aug. 9 1939.

Immediate cause of death Marasmus

Due to

Due to Diarrhea

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 7/21/39 7/28/39

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lyle Baker M. D. or other

Address Easton, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 183 CB

08241

CERTIFICATE OF DEATH

Reg. Dist. No. 29

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Oxford

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County Stafford

City or town Fredericksburg Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 318 Wolf St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Rudolph Cumber

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1928

8. AGE: Years	Months	Days	If less than one day
11	3	0	hrs. min.

9. Birthplace Fredericksburg, Va.

(Town, county, and state)

10. Usual occupation School boy

11. Industry or business

FATHER 12. Name Dally Cumber

13. Birthplace Richmond Va

MOTHER 14. Maiden name Mabel Miller

15. Birthplace Berkeville Va

16. Informant

Address

17. Removal Date thereof Aug 20-1939

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Unknown

Location Fredericksburg Va

18. Funeral director Maurice E Newman Funl Hom

Address Easton Md

19. Aug 17 1939 Joseph A Coons Local Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1939, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17 1939, to August 17 1939

~~and that I last saw him alive on~~ 19

Immediate cause of death	DURATION
Drowning	10 Min.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~ Drowning Date of Aug 17-39

Where did injury occur? Oxford (City or town) Talbot (County) Md (State)

~~Injured at home, farm, industry, public~~ place (where?) Water front Oxford.

Means of injury Injured at work?

23. SIGNATURE Joseph A Coons M.D.

M. D. or Other

Address Trappe, Md Date signed 9/7/39

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MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-a)

08242 Dr Cox

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:
County Talbot. "Outside"
City or town Easton. R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Rural, near Easton Md
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 1 week.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot.
City or town near Easton Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Katie Gallagher.

3. (b) Social Security Number

4. Sex F.
5. Color or race W.
6. (a) Single, married, widowed, or divorced Single
6 (b) Name of husband or wife ✓
✓ 6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Not Known.

8. AGE: Years 70 (?) Months Days If less than one day ___ hrs. ___ min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation Housekeeper.
11. Industry or business
FATHER 12. Name Not Known
13. Birthplace
MOTHER 14. Maiden name Not Known.
15. Birthplace
16. Informant Francis G. Bartlett.
Address Easton. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 9/2/39 (month) (day) (year)
Cemetery or crematory St. Peters
Location Baltimore. Md.
18. Funeral director James A. Spence
Address Easton. Md.
19. 8-31 1939 (Date rec'd by registrar) N. H. Neeries Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1939, at 1:05 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-27-1939, to 8-31-1939, and that I last saw her alive on 8-30-1939.

Immediate cause of death — DURATION
Apoplexy — 8-28-39
Due to
Hypertension — 5 yrs +
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE P. E. Cox M. D. M. D. or other
Address Easton Md Date signed 8-31-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

08243

(105)

1. PLACE OF DEATH

County Talbot Registration Dist. No. 290

Village or City Easton No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Elsie Geresbeck If U. S. Veteran, specify WAR ...

(a) Residence: No. Chestertown, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec. 28 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	7	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ...

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Easton
(State or country) Maryland

FATHER

13. NAME Henry Geresbeck

14. BIRTHPLACE (city or town) ...
(State or country) Germany

MOTHER

15. MAIDEN NAME Elsie Haffner

16. BIRTHPLACE (city or town) ...
(State or country) Germany

17. INFORMANT Mr. Henry Geresbeck
(Address) Chestertown, Maryland

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cem. Date Aug. 28, 1939

19. UNDERTAKER Ralph H. Hynson Inc.
(Address) By J. Willis Wells Chestertown

20. FILED 8-28, 1939 W. A. Nevitt
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH August (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1939, to Aug. 26, 1939

I last saw her alive on Aug 26, 1939; death is said to have occurred on the date stated above, at 9:15 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Edema of Glottis	
Streptococcus Infection	
Other Contributory Causes of Importance:	

Name of operation Tracheotomy Date of 8/26/39

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. Ira Palmer M. D.

(Address) Easton Md

Chestertown, md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

08244

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Talbot.

City or town Easton.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot.

City or town Easton. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R. D.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harlan Gibbs

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B.	Single.

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 15 - 1938

8. AGE: Years | Months 3 | Days 25 | If less than one day ___ hrs. ___ min.

9. Birthplace Hurlock, Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name William Gibbs

13. Birthplace Easton, Md.

MOTHER 14. Maiden name Majie Moore

15. Birthplace Norfolk, Va.

16. Informant William Gibbs

Address Easton, Md. R.F.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 8-10-39 (month) (day) (year)

Cemetery or crematory Rose

Location Easton Md.

18. Funeral director John D Williams

Address Easton, Md.

19. 8/10/39 (Date rec'd by registrar) N.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9, 1939, at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 3, 1939, to Aug. 9, 1939, and that I last saw h alive on Aug. 9, 1939.

Immediate cause of death — DURATION

Tuberculous Meningitis — 7/27/39

Due to

Due to Miliary tbc. — 7

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Lyle Baker M. D. or other

Address Easton, Md. Date signed

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-C)

08245

Reg. Dist. No. 290

1. PLACE OF DEATH:

County: Talbot

City or town: Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: Goldsboro St.

Stay in hospital or inst. (yrs., or mos., or days): home

Stay in this community (yrs., or mos., or days): 65 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Talbot

City or town: Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 205 Goldsboro

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Washington Godwin

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Wilhelmina Godwin

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Oct. 1851

8. AGE: Years: 87 Months: 10 Days: 27 If less than one day ____ hrs. ____ min.

9. Birthplace: Raleigh N.C. (Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Railroad Employee

FATHER

12. Name: Everett Godwin

13. Birthplace: no Record

MOTHER

14. Maiden name: Nancy ?

15. Birthplace: no record

16. Informant: Walter Garey

Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: August 30th (month) (day) (year)

Cemetery or crematory: Spring Hill Cem.

Location: Easton Md.

18. Funeral director: James A. Spencer

Address: Easton Md.

19. 8-30 1939 (Date rec'd by registrar) N.H. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 28 1939, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1939, to August 28 1939, and that I last saw him alive on August 28 1939.

Immediate cause of death: Hemiplegia — 2 weeks

Myocarditis — 2 years.

Due to: Arteriosclerosis

Due to:

Other conditions: Senility

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. C. Neuman M. D. or other

Address: Easton, Md. Date signed: 8/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

(M)

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(161a)

08246

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Talbot

City or town Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State County

City or town Oxford Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Baby Granger

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 12 - 1939.

8. AGE: Years | Months | Days 4 | If less than one day hrs. min.

9. Birthplace Easton (Talbot Co.) Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name George Oliver Granger

13. Birthplace Oxford, Maryland

MOTHER 14. Maiden name Florence Eliz. Gibson

15. Birthplace Tilghman, Md.

16. Informant Mr. Geo. Oliver Granger

Address Oxford, Maryland

17. Buried (Burial, cremation, or removal. Which?) Date thereof Aug 17 1939 (month) (day) (year)

Cemetery or crematory Oxford Md

Location

18. Funeral director Harris E. Neuenschwander Jr.

Address Easton, Md.

19. 8/17 1939 N. H. Merrill (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 1939, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12 1939 to Aug. 16 1939, and that I last saw her alive on Aug. 15 1939.

Immediate cause of death

Atelectasis

DURATION: From birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Joseph A. Cox M.D. M. D. or other

Address Easton Md Date signed 8/17/39

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

08247

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Talbot
City or town: Easton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 212 S. Aurora St
Stay in hospital or inst. (yrs., or mos., or days):
Stay in the community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Talbot
City or town: Easton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 212 S. Aurora St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Elisha Corkran Hubbard

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Sarah Martha Hubbard — 6(c) If alive, give age: 74 years

7. Birth date of deceased (mo., day, yr.): February 1, 1855

8. AGE:

Years	Months	Days	If less than one day
84	6	21	____ hrs. ____ min.

9. Birthplace: Caroline Co. Maryland (Town, county, and state)
10. Usual occupation: Farmer Merchant
11. Industry or business: Retired Merchant

FATHER
12. Name: Elias Hubbard
13. Birthplace: Caroline Co. Md.

MOTHER
14. Maiden name: Rebecca Corkran
15. Birthplace: Caroline Co. Md.

16. Informant: Mrs. Ruth P. Todd
Address: Easton Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 25 '39 (month) (day) (year)
Cemetery or crematory: Cemetery
Location: Easton, Maryland

18. Funeral director: Davis A. Keene
Address: Easton Md.

19. 8-24 1939 (Date rec'd by registrar) M. A. Norris Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 22 1939 at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22 1922 to Aug 23 1939 and that I last saw h[illegible] alive on Aug 22 1939.

Immediate cause of death: Chronic Interstitial Nephritis — DURATION:
Due to: Cerebral Hemorrhage — 1922
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: James R Norris 2nd M.D.
M. D. or other
Address: Easton Md. Date signed 8/24

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SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (46-B)

08248

CERTIFICATE OF DEATH

Reg. Dist. No. 291

1. PLACE OF DEATH: Talbot
County
City or town Wittman md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: no
Stay in hospital or inst. (yrs., or mos., or days) no
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Talbot
City or town Wittman md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. no
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME William Albert Hynson

3. (b) Social Security Number no

4. Sex: male
5. Color or race: a.a.
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Amelia Hynson
6(c) If alive, give age: dead years
7. Birth date of deceased (mo., day, yr.): Mar 17 1871 about
8. AGE: Years 67 Months 5 Days 10 If less than one day ___ hrs. ___ min.
9. Birthplace: Wittman md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: no
FATHER
12. Name: Robert Hynson
13. Birthplace: Wittman md
MOTHER
14. Maiden name: Maria Freeman
15. Birthplace: Trappe md
16. Informant: Mr Raymon Hynson
Address: Wittman md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 30 1939 (month) (day) (year)
Cemetery or crematory: St michaels
Location: St michaels md
18. Funeral director: James F. Stewart
Address: Salisbury Md
19. Aug 30 1939 (Date rec'd by registrar) John H. Wales Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 1939, at 20 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Febry 15 1939, to Aug 27 1939, and that I last saw him alive on Aug 27 1939.
Immediate cause of death: Carcinoma of Stomach — DURATION: 5 mos
Due to ?
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings: ✓
Of operations ✓
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. B. Lewis M. D. or other
Address St Michaels Md Date signed 9.5.39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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SEP 7 1933
BUREAU V. S.

RECEIVED
SEP 7 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (2)

08249

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 211 West St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant, give residence of mother)

State Maryland County Talbot

City or town Easton Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 211 West St (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nixon

3. (b) Social Security Number

4. Sex ?

5. Color or race Col

6. (a) Single, married, widowed, or divorced ✓

6 (b) Name of husband or wife ✓

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1939

8. AGE: Years Months Days If less than one day hrs. min.

9. Birthplace Easton, Md. (Town, county, and state)

10. Usual occupation ✓

11. Industry or business ✓

FATHER 12. Name Elbert Nixon

13. Birthplace Talbot Co. Md.

MOTHER 14. Maiden name Carrie Nixon

15. Birthplace Talbot Co. Md.

16. Informant Ida Harris (midwife)

Address Easton

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 7, 1939 (month) (day) (year)

Cemetery or crematory Easton

Location Yard of residence

18. Funeral director Elbert Nixon

Address Easton Md.

19. 8/7 1939 (Date rec'd by registrar) N. H. Neirus Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 5 1939, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw h elive on 19 .

Immediate cause of death Still - Born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. H. Neirus, Local Reg. M. D. or other

Address Easton, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

08250

CERTIFICATE OF DEATH

Reg. Dist. No. 290

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Talbot
City or town Easton Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days) 1 da
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State Md. County Queen Anne
City or town Queenstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. P.O. Box #1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Roberts

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 9 1939

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Emergency Hospital Easton Md,
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Franklin A. Roberts
13. Birthplace Queenstown Md

MOTHER
14. Maiden name Rae Taylor McDowell
15. Birthplace Chester Pa.

16. Informant Franklin A. Roberts
Address Queenstown Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Aug 9, 1939 (month) (day) (year)

Cemetery or crematory Emergency Hospital
Location Easton Md
Emergency Hospital

18. Funeral director
Address Easton, Md.

19. 8/9 (Date rec'd by registrar) 1939 M.H. Nevins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 9 1939, at 10:50 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 9 1939, to Aug 9 1939, and that I last saw him alive on Aug. 9 1939.

Immediate cause of death	DURATION
Still born	
Due to Placenta Praevia	
Due to	
Other conditions Myelo-Meningocele	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Tyler Baker M.D.
M. D. or other
Address Easton, Md. Date signed

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SEP 6 1939
BUREAU V. S.

08251

STATE OF MARYLAND—CERTIFICATE OF DEATH

210-m

1. PLACE OF DEATH

County Talbot Registration Dist. No. 290

Village or City Easton No. Emergency Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Betty Sewell

(a) Residence: No. Grasonville, Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of School Girl

6. DATE OF BIRTH (month, day, end yeer) July 2-1930

7. AGE Years 9 Months 1 Days 23 If LESS then 1 dey, ____ hrs. or ____ min.

OCCUPATION

8. Trede, profession, or perticuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. School-girl

9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupetion (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Grasonville (State or country) Q. A. Co. Md

FATHER

13. NAME James Kersey Sewell

14. BIRTHPLACE (city or town) Grasonville (Stete or country) Q.A. Co. Md

MOTHER

15. MAIDEN NAME Julia Young

16. BIRTHPLACE (city or town) Grasonville (State or country) Q A Co. Md

17. INFORMANT Martha E Starkey (Address) Chestertown, Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Centreville Date Aug 28, 1939

19. UNDERTAKER Barton Bros (Address) Centreville, Md

20. FILED 8/26, 1939 N.H. Neeres Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 8/25, 1939, to 8/26, 1939

I last saw her alive on 8/26, 1939; death is said to have occurred on tha date stated above, et 2:05 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance wera es follows:

	Date of onset
Cerebral haemorrhage	
Traumatic	

Other Contributory Causes of importanca:

Name of operation ____ Date of ____

Whet test confirmed diagnosis? ____ Wes there an autopsy? ____

23. If death wes dua to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Homicidal Date of injury 8/25, 1939

Where did injury occur? Grasonville (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. State road

Menner of injury Struck by automobile

Neture of injury ____

24. Was diseese or injury in any way relatad to occupetion of deceesed?

If so, specify ____

(Signed) Samuel [illegible] M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Ab Brity, Medical Examiner

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

08252

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1/2 days.

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot.

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hanson Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Dexter Sewell.

3. (b) Social Security Number 212-03-5923

4. Sex m

5. Color or race W.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Pauline Warner Sewell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 12 - 1906

8. AGE: Years 32 Months 11 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace Trappe Talbot Co. Md.

(Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business Price Tire Shop

FATHER 12. Name Harry G. Sewell

13. Birthplace Md.

MOTHER 14. Maiden name Mattie Dexter

15. Birthplace Md.

16. Informant Nettie D. Dawson

Address Trappe, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 8-14-39 (month) (day) (year)

Cemetery or crematory Springhill Cemetery

Location Easton, Md.

18. Funeral director James Aspinen

Address Easton Md

19. 8/14 1939 N. H. Neeries

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13, 1939, at 4:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 11, 1939 to Aug. 13, 1939, and that I last saw him alive on August 13, 1939.

Immediate cause of death	DURATION
Brain Injury	8/12/39
Due to Fractured Skull	8/12/39
Due to	
Other conditions Minor Lacerations	8/12/39

(Include pregnancy within 3 months of death)

Major findings:

Of operations Seeb Dural Hemorrhage

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 8/12/39

Where did injury occur? Near Easton Talbot Md (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Highway

Means of injury Auto. Injured at work? No

23. SIGNATURE [signature] Md M. D. or other

Address Easton Md Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
SEP 6 1939
BUREAU V. S.

08253

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:

County Talbot

City or town Easton, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot

City or town Easton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Hanson St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3.(a) FULL NAME Pauline Warner Sewell.

3.(b) Social Security Number 213-05-6256

4. Sex F

5. Color or race W

6.(a) Single, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ H. Dexter Sewell

6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) July 8 - 1913

8. AGE: Years 26 Months 1 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Talbot Co. Md. (Town, county, and state)

10. Usual occupation Secretary & Book Keeper

11. Industry or business J. McKenney Wills & Son

FATHER 12. Name Alfred T. Warner

13. Birthplace Easton, Md.

MOTHER 14. Maiden name Maude Barnes

15. Birthplace Easton, Md.

16. Informant Alfred T. Warner

Address Easton, Md.

17. Burial Date thereof 8-14-39 (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory Springhill Cemetery

Location Easton, Md.

18. Funeral director Joyce A. Spencer

Address Easton, Md. REC

19. 8/14 1939 N. H. Neeries

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11, 1939, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19__ to ___ 19__, and that I last saw h___ elive on D.O.A. 19__.

Immediate cause of death Probable internal hemorrhage due to

Due to automobile accident.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations ✓

Of autopsy none

DURATION 30 minutes

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Aug 11 39

Where did injury occur? Near Oxford (City or town) Talbot (County) Md (State)

Injured at home, farm, industry, public place (where?) State Road

Means of injury Auto accident Injured at work? No

23. SIGNATURE Wilbur T. Hammond M. D. or other

Address Easton Md Date signed 8-16-39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (118)

08254

CERTIFICATE OF DEATH

Reg. Dist. No. 794

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Talbot

City or town Tilghman

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) About 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Tilghman Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Oneil Tracey

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married

6 (b) Name of husband or wife Edna D. Tracey

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 17 1865

8. AGE:

Years	Months	Days	If less than one day
74	4	14	hrs. min.

9. Birthplace Baltimore (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business Chocolate Coating

FATHER 12. Name James Tracey

13. Birthplace Ireland

MOTHER 14. Maiden name Margret Donnelly

15. Birthplace Bolto Md

16. Informant Mrs. Edna D. Tracey

Address Tilghman, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 3 1939 (month) (day) (year)

Cemetery or crematory Bonnie Brae "New Cathedral"

Location Baltimore Md.

18. Funeral director Newnam & Harrison

Address St. Michaels Md

19. Aug 2 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 1 1939, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1939, to Aug 1 1939, and that I last saw him alive on Aug 1 1939

Immediate cause of death	DURATION
acute dilatation of heart	3 hrs
Due to acute indigestion; meaning thereby gaseous distention of stomach	6 hrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Guy McReady M.D. M. D. or other

Address Tilghman Md Date signed Aug 2 1939

RECEIVED
SEP 7 1939
BUREAU V. S.